Franchise Holder Application Form



Arkansas Racing Commission Electronic Games of Skill Section

www.Arkansas.gov/dfa/racing

Instructions: Please read and complete every section. If a section does not apply, enter not applicable (n/a). Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only." Application fee is to be paid by check and should be made payable to Arkansas Racing Commission. Application Fee must be attached with this application.

Application Fee: \$1000.00

Names of Business:		PLETED BY ALL APPLICANTS
Names	of Business:	Federal Employer ID Number:
Doing 1	Business As (D/B/A) name:	Social Security Number (for sole proprietors):
Business Entity Description:		
	Sole Proprietorship	Corporation/LLCTrust
	Partnership	Estate Other
Physical Street Address of Applicant:		
City, State, Zip Code		
Mailing Address:		
City, State, Zip Code		
Contact Person Name and Title:		
Primary Phone Number:		Primary E-mail Address:
Proposed Date to Begin Gaming:		
ADDITIONAL ITEMS TO BE INCLUDED WITH THE APPLICATION		
A.	Application with attachment listing the Name, Title and Address of Each Director, Officer, Partner, Manager or Trustee of the Applicant	
В.	Copy of Applicant's Management Organizational Chart	
C.	Accounting and Security Records (P4-12.0) To be reviewed at the facility 30 days prior to gaming operations.	
D.	Franchise Holder's System of Internal Controls (P4-12.0) To be reviewed at the facility 30 days prior to gaming operations.	
E.	Complete Description of the Games and the Rules of Play	
F.	Anticipated Economic Benefits to the Horse Racing or Greyhound Racing Industries	
G.	Rules Safeguarding Against Individuals Under the Age of 21 Wagering on Electronic Games of Skill	
н.	. Self-Exclusion Policy	